

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_ District of New Hampshire  
(State)Case number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, **Instructions for Bankruptcy Forms for Non-Individuals**, is available.

1. Debtor's name LRGHealthcare2. All other names debtor used in the last 8 years  
See Attached List  
Include any assumed names, trade names, and *doing business* as names3. Debtor's federal Employer Identification Number (EIN) 02-0222150

4. Debtor's address

|                                    |                |  |
|------------------------------------|----------------|--|
| <b>Principal place of business</b> |                | <b>Mailing address, if different from principal place of business</b>              |
| 80 Highland Street                 |                | 80 Highland Street   |
| Number                             | Street         | Number Street  |
| Laconia NH 03246                   |                | P.O. Box   |
| City                               | State ZIP Code | Laconia NH 03246   |
|                                    |                | City State ZIP Code  |
| Belknap County                     |                | <b>Location of principal assets, if different from principal place of business</b> |
| County                             |                | 80 Highland Street   |
|                                    |                | Number Street  |
|                                    |                | Laconia NH 03246   |
|                                    |                | City State ZIP Code  |

5. Debtor's website (URL) www.lrg.org6. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

Debtor LRGHealthcare

Case Number (if known)

Name

**7. Describe debtor's business**

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See

<http://www.uscourts.gov/four-digit-national-association-naics-codes> .  
6214 (NAICS Code 201262)

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No☐ YesDistrict \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM/DD/YY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM/DD/YY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

Case number, if known \_\_\_\_\_ MM/DD/YY

List all cases. If more than 1, attach a separate list.

Debtor LRGHealthcare

Name

Case Number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?**

Number Street

City

State

ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> 1-49    | <input checked="" type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99   | <input type="checkbox"/> 5,001-10,000           | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000          | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 |   |  |

**15. Estimated assets**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million               | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million              | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million             | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input checked="" type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor LRGHealthcare

Name

Case Number (if known) \_\_\_\_\_

## 16. Estimated liabilities

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million               | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million              | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million             | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input checked="" type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## 17. Declaration and signature of authorized representative of debtor

- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☒ I have been authorized to file this petition on behalf of the debtor.
- ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/19/2020  
MM/DD/YYYY

**X** /s/ Kevin W. Donovan  
Signature of authorized representative of debtor  
Title President and Chief Executive Officer

Kevin W. Donovan  
Printed name

## 18. Signature of attorney

**X** /s/ Morgan C. Nighan  
Signature of attorney for debtor  
Morgan C. Nighan  
Printed name  
Nixon Peabody LLP  
Firm name  
53 State Street  
Address  
Boston, MA 02019  
City, State Zip  
(617) 345-1000  
Contact phone  
mnighan@nixonpeabody.com  
Email address  
07333 Massachusetts  
Bar number State  
10/19/2020  
Date MM/DD/YYYY

**List of Trade Names Registered in the State of New Hampshire by LRGHealthcare**  
**Registration Effective April 2014-April 2020**

Almost Home

Andover Family Practice

Belknap Family Health Center-(LRGH)

Belmont Family Health

Caring For Kids

Convenience Care

Emergency Room and Walk-In Care Physician Services

Employer Advantage Program

Franklin Regional Hospital

FRH Internal Medicine

Healthlink

Hillside Family Medical

Hillside Family Medicine

Hillside Medical Park

Hillside Medical Park, A Condominium

Hillside Medical Park Condominium

Interlakes Medical Center

Lakes Region Center for Wound Care

Lakes Region General Hospital

Lakes Region Orthopaedics

Lakes Region Physical Therapy

Lakes Region Urology

Lakes Region Vascular and Endovascular Specialists

LRGHealthcare

LRGH Professional Billing Services

New England Family Health Associates

Newfound Family Practice

Patient Advantage Program

The Pharmacy Center at The Laconia Clinic

Weight Institute of New Hampshire (WINH\_

Westside Healthcare

### **CERTIFICATION OF RESOLUTIONS**

I, Golda L. Schohan, the undersigned Secretary/Treasurer and member of the Board of Trustees (the "Board") of LRGHealthcare (the "Company"), a not-for-profit corporation organized under the laws of the State of New Hampshire, do hereby certify that the following is a true and correct copy of the resolutions adopted by the Board of Trustees of the Company in a duly called meeting held on October 14, 2020, and that the said resolutions have not been modified or rescinded and are still in full force and effect on the date hereof:

WHEREAS, the Company operates two acute care hospitals, affiliated physician practices, and services providing medical and health care to the citizens and residents of Laconia and Franklin, New Hampshire and surrounding counties (the "Service Area");

WHEREAS, the Company and its affiliates have experienced a change in circumstances as a result of a period of financial stress, and the Company and the Board are committed to making financially prudent decisions while allowing the Company and its affiliates to continue to provide services in its health system that contribute to the health and welfare of the Service Area;

WHEREAS, due to ongoing financial challenges, in order to ensure the Company and its affiliates continue to provide high quality care in its Service Area, the Company and its affiliates have solicited interest in a partnership, sale, or other affiliation transaction (collectively, an "Affiliation Transaction") from a number of potential partners;

WHEREAS, the Board has reviewed the financial performance of the Company and its affiliates, the current and long-term liabilities of the Company and its affiliates, has reviewed the materials provided by the management and advisors of the Company and its affiliates regarding the possible need to restructure, and has analyzed the strategic alternatives available to it and the impact of the financial challenges and its ability to continue to operate as a healthcare system that contributes to the health and welfare of the Service Area;

WHEREAS, after due consideration, the Board believes it is desirable and in the best interest of the Company, its direct and indirect subsidiaries, its creditors, employees, stakeholders in the Service Area, its members, and other interested parties, that in the absence of an out-of-court Affiliation Transaction which resolves the debt of the Company and its affiliates, that a voluntary petition be filed by the Company seeking relief under the provisions of Chapter 11 of Title 11, United States Code (the "Chapter 11 Case"), 11 U.S.C. §§101 *et seq.* (the "Bankruptcy Code") for among other reasons in order to effectuate an Affiliation Transaction; it is hereby



RESOLVED, by the unanimous vote of all of its Trustees present and eligible to vote, the Board hereby finds that it is desirable that the President and Chief Executive Officer and Treasurer and any and all other officers of the Company otherwise authorized by the Board be, and each of them hereby are, authorized and empowered, on behalf of and in the name of the Company, to execute, verify and file all such petition, schedules, lists, and other papers or documents under the Bankruptcy Code and to cause the same to be filed with the United States Bankruptcy Court for the District of New Hampshire at such time as the officers executing the petition on behalf of the Company shall determine, and it is further

RESOLVED, that any and all of the officers of the Company be, and each of them hereby are, authorized, on behalf of and in the name of the Company, to execute, verify and file the petition, schedules, lists and other papers or documents, and to take and perform any and all further actions and steps which they may deem necessary, desirable or proper in connection with the Chapter 11 Case, with a view to the successful prosecution of such case; and it is further

RESOLVED, that any and all of the officers of the Company be, and each of them hereby are, authorized and directed, on behalf of and in the name of the Company, to retain the law firm of Nixon Peabody LLP as bankruptcy, reorganization and outside corporate counsel to the Company to represent and assist the Company and its affiliates in carrying out their respective duties under Chapter 11 of the Bankruptcy Code, and to take any and all actions deemed necessary or expedient in order to advance the Company's and its affiliates' rights in connection therewith, and such officers are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the bankruptcy petition, and to cause to be filed an appropriate application for authority to retain the services of Nixon Peabody LLP; and it is further

RESOLVED, that any and all of the officers of the Company be, and each of them hereby are, authorized and directed, on behalf of and in the name of the Company, to retain Deloitte Transactions and Business Analytics LLP as financial and restructuring advisor and valuation expert to the Company and its affiliates to represent and assist the Company and its affiliates in carrying out their respective duties under Chapter 11 of the Bankruptcy Code, effective as of the date the petition is filed, and in connection therewith, such officers are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the bankruptcy petition, and to retain and cause to be filed an appropriate application for authority to retain the services of Deloitte Transactions and Business Analytics LLP as financial and restructuring advisor and valuation expert to the Company and its affiliates as of the petition date; and it is further

RESOLVED, that any and all of the officers of the Company be, and each of them hereby are, authorized and directed, on behalf of and in the name of the Company, to retain Kaufman Hall as investment banker and financial advisor to the Company and its affiliates, to represent and assist the Company and its affiliates in carrying out their respective duties under Chapter 11 of the Bankruptcy Code, effective as of the date the petition is filed, and in connection therewith, such officers are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the bankruptcy petition, and to retain and cause to be filed an appropriate application for authority to retain the services of Kaufman Hall as investment banker and financial advisor as of the petition date; and it is further



RESOLVED, that any and all of the officers of the Company be, and each of them hereby are, authorized and directed, on behalf of and in the name of the Company, to retain Epiq Corporate Restructuring, LLC as claims, noticing, solicitation, and administrative agent to the Company, to represent and assist the Company and its affiliates in carrying out their respective duties under Chapter 11 of the Bankruptcy Code, effective as of the date the petition is filed, and in connection therewith, such officers are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the bankruptcy petition, and to retain and cause to be filed an appropriate application for authority to retain the services of Epiq Corporate Restructuring, LLC, as claims, noticing and solicitation agent as of the petition date; and it is further

RESOLVED, that the officers, on behalf of the Company be, and each of them hereby are authorized and empowered on behalf of and in the name of the Company, to retain and employ any other attorneys, investment bankers, accountants, restructuring professionals, financial advisors and other professionals to assist the Company with the Chapter 11 Case on such terms as are deemed necessary, proper or desirable; and in connection therewith, such officers of the Company and its affiliates are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to or immediately upon the filing of the bankruptcy petition, and cause to be filed appropriate applications with the bankruptcy court for authority to retain the services of any other professionals, as necessary, and on such terms as are deemed necessary, desirable, and proper; and it is further

RESOLVED, that the Company and such officers on behalf of the Company are authorized to enter into that certain Asset Purchase Agreement with Concord Hospital, Inc. and its affiliates (the "APA") to be dated as of the petition date and any and all other documents contemplated therein and to prepare and file all necessary documentation, motions and pleadings in the Bankruptcy Case necessary to effectuate a sale of substantially all of the Company's assets under section 363 of the Bankruptcy Code conditioned on and subject to Bankruptcy Court and all necessary and requisite corporate, governmental and regulatory approvals; and it is further

RESOLVED, that any or all of the officers of the Company, each of them acting individually, designated by or directed by any such officers be, and each of them hereby are respectively authorized and empowered to cause the Company as such officers deem appropriate to enter into, execute, deliver, certify, file, record and/or perform, such agreements, instruments, motions, affidavits, applications for approvals or ruling of governmental or regulatory authorities, certificates and other such documents and take any such actions as are, in their judgment, necessary, proper or desirable to effectuate a successful Chapter 11 Case, including, without limitation, the development, filing and prosecution to confirmation of a Chapter 11 plan and related disclosure statement, and to carry out and put into effect the purposes of the foregoing resolutions and the transactions contemplated by these resolutions, their authority thereunto to be evidenced by the taking of such actions; and it is further


RESOLVED, that any and all past actions heretofore taken by officers of the Company, and the Board, in the name of and on behalf of the Company, in furtherance of any or all of the preceding resolutions be, and the same hereby are, ratified, approved and adopted.

This Resolution was duly adopted by the Board of the Company effective on October 14, 2020, and will be attached to the written minutes of the Board.

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of October, 2020.

LRGHealthcare

By:

  
Golda L. Schohan

Fill in this information to identify the case:

Debtor Name: LRGHealthcare

United States Bankruptcy Court for the: District of New Hampshire

Case Number (If known): 20-xxx1

☐ Check if this is an amended filing

## Official Form 204

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 30 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 30 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code   | Name, telephone number, and email address of creditor contact   | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|---|---|--|--|---|-----------------|
|   |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| 1 KEYBANK AS MORTGAGEE / U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ("HUD") AS INSURER TO 2015 FIXED RATE MORTGAGE NOTE<br>8115 PRESTON ROAD<br>SUITE 800<br>DALLAS, TX 75225 | CONTACT: ZACH KAU,<br>MANAGING DIRECTOR<br>PHONE: 415-486-3422<br>FAX: 212-869-6418<br>ZACH.KAU@KEY.COM                           | UNDERSECURED<br>LIABILITY   |  |  |   | UNDETERMINED    |
| 2 PENSION BENEFIT GUARANTY CORP<br>DEPT 77430<br>PO BOX 77000<br>DETROIT, MI 48277-0430   | CONTACT: MELISSA T. HARRIS, GENERAL COUNSEL<br>PHONE: 202-229-3019<br>FAX: 202-326-4138<br>HARRIS.MELISSA@PBGCOV;<br>EFILE@PBGCOV | UNDERFUNDED<br>PENSION LIABILITY  |  |  |   | UNDETERMINED    |
| 3 STATE OF NEW HAMPSHIRE<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>129 PLEASANT STREET<br>CONCORD, NH 03301-3852  | CONTACT: HEATHER MOQUIN, CHIEF EXECUTIVE OFFICER<br>PHONE: 603-271-9376<br>FAX: 603-271-2896<br>BUSINESSOPERATIONS@DHH.S.NH.GOV   | UNSECURED LOAN<br>/ GRANT   |  |  |   | \$5,250,000.00  |
| 4 LACONIA CLINIC<br>724 NORTH MAIN STREET<br>LACONIA, NH 03246  | CONTACT: ANDREA CHIN,<br>ACCOUNTS PAYABLE SUPERVISOR<br>PHONE: 603-524-5151<br>FAX: 603-524-3363<br>CUSTOMERSERVICE@LRGH.ORG      | PROFESSIONAL<br>SERVICES<br>AGREEMENT (PSA)   |  |  |   | \$1,411,921.59  |

Debtor: LRGHealthcare

Case Number (if known): 20-xxx1

| Name of creditor and complete mailing address, including zip code   | Name, telephone number, and email address of creditor contact   | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|---|---|--|--|---|-----------------|
|   |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| 5 STRYKER ORTHOPAEDICS<br>BOX 93213<br>CHICAGO, IL 60673-3213   | CONTACT: STEPHANIE MURPHY, SR. ACCOUNTS PAYABLE COORDINATOR<br>PHONE: 269-385-2600<br>FAX: 269 385 1062<br>STEPHANIE.MURPHY@STRYKER.COM | TRADE PAYABLE - RECEIPT ACCRUAL   |  |  |   | \$841,360.24    |
| 6 EVERSOURCE<br>PO BOX 650047<br>DALLAS, TX 75265-0047  | CONTACT: JAMES JUDGE, CEO<br>PHONE: 844-273-7760<br>FAX: 877-285-4448<br>JAMES.JUDGE@EVERSOURCE.COM                                     | TRADE PAYABLE   |  |  |   | \$764,022.72    |
| 7 STRYKER<br>22491 NETWORK PLACE<br>CHICAGO, IL 60673   | CONTACT: STEPHANIE MURPHY, SR. ACCOUNTS PAYABLE COORDINATOR<br>PHONE: 269 385 2600<br>FAX: 269 385 1062<br>STEPHANIE.MURPHY@STRYKER.COM | TRADE PAYABLE   |  |  |   | \$510,549.12    |
| 8 STATE OF NEW HAMPSHIRE<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF COMMUNITY BASED CARE SYSTEMS<br>129 PLEASANT STREET<br>CONCORD, NH 03301-3852 | CONTACT: HEATHER MOQUIN, CHIEF EXECUTIVE OFFICER<br>PHONE: 603-271-9376<br>FAX: 603-271-2896<br>BUSINESSOPERATIONS@DHH.S.NH.GOV         | FRANKLIN REGIONAL - DESIGNATED RECEIVING FACILITY (DRF)<br>STARTUP COSTS                                    |  |  |   | \$442,207.00    |
| 9 CARDINAL HEALTH<br>PO BOX 13862<br>NEWARK, NJ 07188-0862  | CONTACT: TINA MEYER, MANAGER, COLLECTIONS<br>PHONE: 614-757-5000<br>FAX: 614-757-4131<br>TINA.MEYERS@CARDINALHEALTH.COM                 | TRADE PAYABLE   |  |  |   | \$348,394.75    |
| 10 ENT ASSOCIATES<br>85 SPRING STREET<br>LACONIA, NH 03246  | CONTACT: JAMES STARK, PRESIDENT<br>PHONE: 603-524-7402<br>FAX: 603-524-0945<br>JSTARK@LRGH.ORG  | PROFESSIONAL SERVICES AGREEMENT (PSA)   |  |  |   | \$336,151.71    |
| 11 DELL FINANCIAL SERVICES LLC<br>PO BOX 6549<br>CAROL STREAM, IL 60197   | FAX: 877-214-3335   | TRADE PAYABLE   |  |  |   | \$292,003.72    |
| 12 DARTMOUTH HITCHCOCK<br>ONE MEDICAL CENTER DRIVE<br>LEBANON, NH 03756-0001  | CONTACT: EDWARD J MERRENS, CHIEF CLINICAL OFFICER<br>PHONE: 603-650-8380<br>FAX: 603-727-7869<br>EDWARD.J.MERRENS@HITCHCOCK.ORG         | TRADE PAYABLE   |  |  |   | \$238,538.50    |
| 13 VVC HOLDING CORPORATION<br>PO BOX 840952<br>DALLAS, TX 75284-0952  |   | TRADE PAYABLE   |  |  |   | \$237,458.79    |
| 14 PHILIPS HEALTHCARE<br>PO BOX 100355<br>ATLANTA, GA 30384-0355  | PHONE: 800-225-0230<br>CASHMGMT.INQUIRIES@PHILIPS.COM   | TRADE PAYABLE   |  |  |   | \$193,948.26    |

Debtor: LRGHealthcare

Case Number (if known): 20-xxx1

| Name of creditor and complete mailing address, including zip code                 | Name, telephone number, and email address of creditor contact   | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|---|---|--|--|---|-----------------|
|   |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| 15 FOCUSONE SOLUTIONS LLC<br>PO BOX 3037<br>OMAHA, NE 68103-0037                  | CONTACT: CRAIG WOLF,<br>PRESIDENT<br>PHONE: 402-938-2040<br>FAX: 866-775-3446<br>CWOLF@@FOCUSONESOLUT<br>IONS.COM   | TRADE PAYABLE   |  |  |   | \$180,006.00    |
| 16 AMERISOURCEBERGEN DRUG CORP<br>PO BOX 5198<br>NEW YORK, NY 10087-5198          | CONTACT: BENNETT S.<br>MURPHY, SENIOR VICE<br>PRESIDENT, INVESTOR<br>RELATIONS<br>PHONE: 610-727-7000<br>FAX: 800-640-5221<br>BMURPHY@AMERISOURCEB<br>ERGEN.COM | TRADE PAYABLE   |  |  |   | \$179,189.27    |
| 17 BAKER NEWMAN & NOYES<br>PO BOX 507<br>PORTLAND, ME 04101                       | PHONE: 207-879-2100<br>FAX: 207-774-1793  | TRADE PAYABLE   |  |  |   | \$175,000.00    |
| 18 MARTIN TECHNICAL SERVICES LLC<br>182 SOUTH ST<br>DUXBURY, MA 02332             | CONTACT: GERALD<br>TRUESDALE, CHIEF REVENUE<br>OFFICER<br>GIL@MARTECHNICAL.COM  | TRADE PAYABLE   |  |  |   | \$167,460.09    |
| 19 B E SMITH INTERIM SERVICES LLC<br>PO BOX 74007636<br>CHICAGO, IL 60674-7636    |   | TRADE PAYABLE   |  |  |   | \$163,995.54    |
| 20 ZIMMER<br>PO BOX 414666<br>BOSTON, MA 02241-4666                               | PHONE: 800-348-9500<br>CONTACTUS@ZIMMERBIOM<br>ET.COM   | TRADE PAYABLE   |  |  |   | \$130,045.23    |
| 21 SIEMENS HEALTHCARE<br>DIAGNOSTICS<br>PO BOX 121102<br>DALLAS, TX 75312-1102    | PHONE: 919-804-8152<br>ALESIA.MICHAELS@SIEMENS<br>HEALTHINEERS.COM  | TRADE PAYABLE   |  |  |   | \$129,577.73    |
| 22 MAKO SURGICAL CORP<br>PO BOX 935086<br>ATLANTA, GA 31193-5086                  | CONTACT: STEPHANIE<br>MURPHY, SR. ACCOUNTS<br>PAYABLE COORDINATOR<br>PHONE: 269 385 2600<br>FAX: 269 385 1062<br>STEPHANIE.MURPHY@STRYK<br>ER.COM               | TRADE PAYABLE   |  |  |   | \$110,000.00    |
| 23 BOSTON SCIENTIFIC CORP<br>PO BOX 786205<br>PHILADELPHIA, PA 19178-6205         | CONTACT: MIKE MAHONEY,<br>CHAIRMAN AND CEO<br>PHONE: 508-683-4000   | TRADE PAYABLE   |  |  |   | \$94,588.94     |
| 24 GENZYME CORPORATION<br>62665 COLLECTIONS CNTR DR<br>CHICAGO, IL 60693-0626     |   | TRADE PAYABLE   |  |  |   | \$91,099.38     |
| 25 PSG HEALTH SYSTEMS SOLUTIONS<br>PO BOX 123651<br>DALLAS, TX 75312-3651         | CONTACT: DEE JONES, CFO<br>PHONE: 972-244-8381<br>DJONES@PSGCONSULTS.CO<br>M  | TRADE PAYABLE   |  |  |   | \$87,247.57     |
| 26 OSSEUS FUSION SYSTEMS LLC<br>1931 GREENVILLE AVE SUITE 200<br>DALLAS, TX 75206 | CONTACT: ROBERT PACE,<br>PRESIDENT<br>PHONE: 888.330.5960<br>RPACE@OSSEUS.COM   | TRADE PAYABLE   |  |  |   | \$83,531.60     |



Debtor: LRGHealthcare

Case Number (if known): 20-xxx1

| Name of creditor and complete mailing address, including zip code                   | Name, telephone number, and email address of creditor contact   | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|---|---|--|--|---|-----------------|
|   |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| 27 SPRAGUE OPERATING RESOURCES LLC<br>PO BOX 842985<br>BOSTON, MA 02284-2985        | CONTACT: DAVE, GLENDON<br>PHONE: 800-225-1560<br>FAX: 603-430-5317<br>CUSTOMERCARE@SPRAGUEENERGY.COM;<br>DGLENDON@SPRAGUEENERGY.COM | TRADE PAYABLE   |  |  |   | \$82,430.96     |
| 28 SIEMENS MEDICAL SOLUTION USA<br>PO BOX 120001 DEPT 0733<br>DALLAS, TX 75312-0733 | PHONE: 919-804-8152<br>ALESIA.MICHAELS@SIEMENSHEALTHINEERS.COM  | TRADE PAYABLE   |  |  |   | \$79,838.37     |
| 29 UPTODATE<br>95 SAWYER RD.<br>WALTHAM, MA 02453-3471                              | CONTACT: MARIE DUNELL,<br>SENIOR ENTERPRISE<br>ACCOUNT MANAGER<br>PHONE: 781-392-3856<br>MARIE.DUNELL@WOLTERSKLUWER.COM             | TRADE PAYABLE   |  |  |   | \$72,460.00     |
| 30 BAXTER<br>PO BOX 33037<br>NEWARK, NJ 07188-0037                                  | CONTACT: FRED RUDA,<br>DIRECTOR OF FINANCE<br>PHONE: 888-229-0001   | TRADE PAYABLE   |  |  |   | \$66,139.75     |

**Fill in this information to identify the case:**

Debtor name: LRGHealthcare  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of New Hampshire  
 (State)  
 Case number (If known): \_\_\_\_\_

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)  
☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)  
☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)  
☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)  
☐ *Schedule H: Codebtors* (Official Form 206H)  
☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)  
☐ *Amended Schedule* \_\_\_\_\_  
☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)  
☐ *Other document that requires a declaration* \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 19, 2020  
 MM / DD / YYYY

/s/ Kevin W. Donovan

Signature of individual signing on behalf of debtor

Kevin W. Donovan

Printed name

President and Chief Executive Officer

Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW HAMPSHIRE**

**In re:**

**LRGHEALTHCARE,**

**Debtor.<sup>1</sup>**

-----X

:

:

:

**Chapter 11**

:

:

**Case No. 20-\_\_\_\_\_ (\_\_\_)**

:

:

-----X

**CORPORATE OWNERSHIP STATEMENT**

Pursuant to Rules 1007(a) and 7007.1 of the Federal Rules of Bankruptcy Procedure LRGHealthcare (“LRG” or the “Debtor”) certifies that the Debtor is a voluntary (non-profit) corporation and healthcare charitable trust organized under the laws of the State of New Hampshire and has no equity security holders.

**DECLARATION UNDER PENALTY OF PERJURY**

I, the undersigned signatory of the Debtor, declare under penalty of perjury that I have reviewed the corporate ownership statement submitted herewith and that it is true and correct to the best of my information and belief.

Dated: October 19, 2020

/s/ Kevin W. Donovan

Kevin W. Donovan

President and Chief Executive Officer

---

<sup>1</sup> The last four digits of the Debtor’s federal taxpayer identification number are 2150. The address of the Debtor’s headquarters is 80 Highland Street, Laconia, NH 03246.

**Fill in this information to identify the case:**

Debtor name: LRGHealthcare  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of New Hampshire  
 (State)  
 Case number (If known): \_\_\_\_\_

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)  
☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)  
☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)  
☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)  
☐ *Schedule H: Codebtors* (Official Form 206H)  
☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)  
☐ *Amended Schedule* \_\_\_\_\_  
☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)  
☒ *Other document that requires a declaration* Corporate Ownership Statement

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 19, 2020  
 MM / DD / YYYY

/s/ Kevin W. Donovan  
 Signature of individual signing on behalf of debtor  
Kevin W. Donovan  
 Printed name  
President and Chief Executive Officer  
 Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW HAMPSHIRE**

**In re:**

**LRGHEALTHCARE,**

**Debtor.<sup>1</sup>**

-----X

:

:

:

**Chapter 11**

:

:

**Case No. 20-\_\_\_\_\_ (\_\_\_)**

:

:

-----X

**LIST OF EQUITY SECURITY HOLDERS**

Pursuant to Rule 1007(a)(3) of the Federal Rules of Bankruptcy Procedure,

LRGHealthcare (“LRG” or the “Debtor”) certifies that the Debtor has no equity security holders.

**DECLARATION UNDER PENALTY OF PERJURY**

I, the undersigned signatory of the Debtor, declare under penalty of perjury that I have reviewed the list of equity security holders submitted herewith and that it is true and correct to the best of my information and belief.

Dated: October 19, 2020

/s/ Kevin W. Donovan

Kevin W. Donovan

President and Chief Executive Officer

---

<sup>1</sup> The last four digits of the Debtor’s federal taxpayer identification number are 2150. The address of the Debtor’s headquarters is 80 Highland Street, Laconia, NH 03246.